Quit for KEEPS
Toll Free 1-800-QUIT-NOW
1-800-784-8669
South Carolina Tobacco Quitline

DHEC
PROMOTE PROTECT PROSPER
South Carolina Department of Health and Environmental Control

Dear Provider:

Thank you for being a part of the South Carolina Tobacco Quitline's Health Care Provider Fax Referral program. By making a patient referral to the South Carolina Tobacco Quitline, you are making an impact to reduce the health related disease and death associated with tobacco use.

An important component of the Health Care Provider Fax Referral program is to inform you of your patients' participation in quitline services. Because our quitline service provider, Free & Clear, Inc., is an entity that is compliant with the Health Insurance Portability and Accountability Act (HIPAA), they will only be able to exchange protected health information (PHI) with you if you verify that your organization is a HIPAA covered entity and that you need the information for treatment purposes as permitted under HIPAA.

Free & Clear needs to hear from you regarding whether your organization is a HIPAA covered entity in order to provide, or in some cases continue to provide, patient information back to you.

Your facility needs to send this signed declaration of your HIPAA status to Free & Clear **ONLY ONCE** to begin faxing multiple referrals. Be sure to include your designated fax number and contact phone number for the Quitline's provider fax referral database. Your contact information will not be shared with a third party outside of DHEC or with any commercial vendor.

Please verify your status by signing the **VERIFICATION OF HIPAA STATUS** portion of this letter and faxing to:

Free & Clear, Inc.

Attention: Privacy Officer

Fax: (206) 876–2101

If verification is not provided within 30 days of receiving your first faxed South Carolina Tobacco Quitline Provider Fax Referral form (DHEC 1042), Free & Clear will accept referrals from you; however, they will not send you the outcome of your referral(s).

Please take a moment to reply. If you have any questions, please contact the South Carolina Tobacco Quitline State Manager at DHEC at 803-545-4464.

VERIFICATION OF HIPAA COVERED ENTITY STATUS

I have the authority and confirm that the following provider/clinic/health department

_____ _____
(Enter provider/clinic/health dept. name) ***(Enter health dept. program area, if applicable)***

is a HIPAA covered entity and, therefore, Free & Clear, Inc., may provide outcomes information back to me pertaining to the services my patient(s) receives to be used only by this provider/clinic for treatment purposes.

Designated Fax Number: (_____) _____ ***Contact Phone Number***: (_____) _____

Authorized Representative's Signature: Print Representative's Name:

_____ _____

Title: Date Signed:

_____ _____

You may also mail a signed copy of the agreement to:

Free & Clear Inc. 999 Third Ave, Suite 2100 Seattle, WA 99104 Attn: Privacy Officer rev 08/10